Quartz

FAQ – PRIOR AUTHORIZATION AND FORMULARY EXCEPTION REQUESTS

WHAT IS A PRIOR AUTHORIZATION REQUEST?

A **prior authorization (PA) request** is needed when there is a formulary restriction on a medication. The formulary restriction requires a review by Quartz to determine if specific prescribing criteria are met before approval of coverage is granted.

WHAT IS A FORMULARY EXCEPTION REQUEST?

A **formulary exception request** is needed when the prescriber is requesting coverage for a non-formulary medication.

The Quartz formularies, prior authorization criteria and Medication Coverage Request Form are all available at QuartzBenefits.com.

WHAT ARE THE DIFFERENT TYPES OF FORMULARY RESTRICTIONS?

Restrictions on the formulary can include –

- Prior authorization requirements
- Step therapy requirements
- Quantity limits.

Members or prescribers may request exceptions to these formulary restrictions.

WHAT IS THE DIFFERENCE BETWEEN PRIOR AUTHORIZATION AND STEP THERAPY?

Step therapy is the requirement that a person try certain medication(s) in an certain order before coverage of (or “stepping-up to”) a restricted medication is granted. Step therapy is a type of prior authorization requirement.

WHAT IS A QUANTITY LIMIT?

A quantity limit is a restriction on the number of dosage units (tablets, drops, shots, etc.) covered within a period of time. Usually this is listed as units per day or units per month.

WHAT IS A NON-FORMULARY MEDICATION?

Non-formulary medications are not listed on the Quartz Formulary and also not listed as excluded by the certificate or plan documents.

That means that non-formulary medications aren’t covered unless a formulary exception request is granted.

Formulary exception requests and prior authorization requests should be submitted using the same form – the Medication Coverage Request Form.

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WHAT IS REQUIRED WHEN REQUESTING A PRIOR AUTHORIZATION OR AN EXCEPTION?

PRIOR AUTHORIZATION (PA) REQUEST

- Review the published PA Criteria document found at: QuartzBenefits.com/medpacritera. Submit a Medication Coverage Request Form along with all information needed to evaluate if the request meets the PA criteria.
  - Include the reason or clinical rationale for the request (relevant past medical history, allergies, labs, etc.)
  - Supporting documentation or clinic notes
  - Medication trials (including drug names, doses, dates, and outcomes)
  - Contraindications to preferred therapies

STEP THERAPY REQUEST

- Review Step Therapy information included in the Prior Authorization Criteria document found at: QuartzBenefits.com/medpacritera. The requirements in the PA Criteria must be met before the medication will be covered.
- To waive step therapy requirements, submit a Medication Coverage Request Form along with all information and supporting documentation needed to complete a review.
  - Include documentation supporting the patient's history of failure, intolerance, or contraindications to prerequisite drug(s) OR
  - Clinical support as to why prerequisite drug(s) are likely to cause an adverse reaction, decrease a patient's functional ability in performing daily activities, or cause physical or mental harm; OR,
  - Indicate if the patient is currently stable on the requested medication which they were receiving through a current or previous health plan.

QUANTITY LIMIT EXCEPTION REQUEST

- Details on quantity limits can be found PA criteria at QuartzBenefits.com/medpacriteria and on the formulary itself.
- Submit a Medication Coverage Request Form and include documentation that provides an evidence-based, clinical rationale for use of a dose outside of the quantity limit.

NON-FORMULARY EXCEPTION REQUEST

Submit a Medication Coverage Request Form and include documentation supporting that –

- All therapeutic alternatives will be or have been ineffective, or
- Would not be as effective as the requested drug, or
- Would have adverse effects.

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WHAT IF THE REQUEST IS TIME-SENSITIVE AND NEEDS AN EXPEDITED REVIEW?

All requests will be considered standard requests unless otherwise noted.

If the request needs an expedited review, write the word "Urgent" prominently at the top of the Medication Coverage Request Form and submit documentation and a statement describing how the situation matches one of the following definitions with the providers' signature below the statement.

URGENT REQUEST

- Urgent requests are for situations in which making routine determinations could jeopardize the life, health or safety of the patient or others, should the requested medication not be available in an expedited manner. This could be due to the patient's psychological state or, in the documented opinion of the provider, would subject the patient to adverse health consequences. Clinical documentation is required to support urgent requests.

EXIGENT REQUEST

- An exigent request is a non-formulary exception request in which the patient is suffering from a health condition that may seriously jeopardize the person's life, health, or ability to regain maximum function OR a patient is currently undergoing a treatment course using the non-formulary medication.

CONCURRENT REQUEST

- A request for coverage of a medication which the member is currently using on an ongoing basis, even if the medication was not previously approved by Quartz.

WHAT HAPPENS AFTER A REQUEST HAS BEEN SUBMITTED?

Once a request and the supporting documentation have been submitted, it is reviewed by a pharmacist, who will make a coverage decision based on the criteria developed and approved by the Quartz Pharmacy & Therapeutics (P&T) Committee. Notification of the coverage decision will be made to the requesting practitioner, the member and the dispensing pharmacy if the pharmacy fax number is provided on the request.

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HOW LONG DOES IT TAKE FOR QUARTZ TO MAKE A DECISION?

The chart below illustrates the standard time allowed for each type of request. Unless otherwise noted, all requests will be processed as a standard request.*

REQUEST TYPE	WISCONSIN	MINNESOTA	IOWA	ILLINOIS
Prior Auth – Standard	Up to 15 days	Up to 15 days	Up to 15 days	72 hours
Prior Auth – Urgent Preservice	72 hours	72 hours	72 hours	24 hours
Prior Auth – Urgent Concurrent	24 hours	24 hours	24 hours	24 hours
Step Therapy – Standard	Up to 15 days	5 days	Up to 15 days	72 hours
Step Therapy – Urgent	72 hours	72 hours	72 hours	24 hours
Quantity Limit – Standard	Up to 15 days	Up to 15 days	Up to 15 days	72 hours
Quantity Limit - Urgent	72 hours	72 hours	72 hours	24 hours
Non-Formulary – Standard	72 hours	72 hours	72 hours	72 hours
Non-Formulary – Exigent/ Urgent	24 hours	24 hours	24 hours	24 hours

To check on the status of a submitted request, call Quartz Customer Service at (800) 362-3310. If you would like to discuss the specifics of a medication request decision with a pharmacist, or have general questions about the prior authorization criteria, call (888) 450-4884.

*** *Please note, these timelines are based on the member living in the same city / county / state as the employer. For example, if a member lives in LaCrescent, MN and works for an employer based in Onalaska, WI, the timelines will be longer.***

EMERGENCY DRUG SUPPLY POLICY

Quartz members can get a five-day supply of restricted medications at no copay for emergency or urgent situations in which a prior authorization cannot be obtained, unless –

1. A prior authorization was denied within the past month,
2. The medication is excluded, or
3. The medication is in the Quartz Specialty Program.

Members, pharmacy staff, and provider staff can call Medimpact Customer Service at (800) 788-2949 to get this authorization. Beyond the five days, a prior authorization is required for consideration of coverage. A five-day supply does not guarantee continued coverage.

NEW MEMBER DRUG SUPPLY POLICY

Members who are new to Quartz and are currently taking a restricted medication can get 3 one-month fills within the first 90 days of eligibility. Members, pharmacy staff, and providers can call Medimpact Customer Service at (800) 788-2949 to get this authorization by specifically requesting a “New Member Override.” A prior authorization still needs to be submitted for consideration of coverage after the first 90 days of eligibility.

COMPLAINTS AND APPEALS

Members may express any dissatisfaction with their plan to Quartz Customer Service at (800) 362-3310.
For information about appealing Quartz’s decision on a pharmacy prior authorization or formulary exception request, visit QuartzBenefits.com/appeals.